/0/30/03 PTO/SB/08B (08-03)

Substitute for	form 1449B/PTO	-		Complete if Known			
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STATE	MENT BY	APP	LICANT	First Named Inventor	SCHUPPISSER, Beat		
			•	Art Unit		-	
(use as many sheets as necessary)				Examiner Name			
Sheet	1	of	1	Attorney Docket Number	015258-061600US		

			U.S. PATENT DOCU	MENTS+		
		Document Number	Publication Date MM-DD-YYYY			
Examiner Initials*	Cite No.1	Number Kind Code <sup>2</sup> (if known)		Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document					Pages, Columns, Lines, Where		
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>4</sup> (If known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Relevant Passages or Relevant Figures Appear	T⁴	
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Examiner Signature	CJ	Date Considered	10/	13	104	

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